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CONFIRMATION NO. 5056

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| SERIAL NUMBER<br>09/763,312 | FILING DATE<br>04/24/2001<br><br>RULE | CLASS<br>601 | GROUP ART UNIT<br>3763 | ATTORNEY<br>DOCKET NO.<br>P/2432-38 |
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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*  
 This application is a 371 of PCT/SE99/01354 08/09/1999

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
 SWEDEN 9802771-7 08/19/1998

\*\* SMALL ENTITY \*\*

|  |   |                               |                        |                      |                            |
|--|---|-------------------------------|------------------------|----------------------|----------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met<br>Verified and Acknowledged | <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br><input checked="" type="checkbox"/> yes <input type="checkbox"/> no Met after<br><br>Examiner's Signature Initials | STATE OR<br>COUNTRY<br>SWEDEN | SHEETS<br>DRAWING<br>3 | TOTAL<br>CLAIMS<br>8 | INDEPENDENT<br>CLAIMS<br>1 |
|--|---|-------------------------------|------------------------|----------------------|----------------------------|

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TITLE  
 Transportable apparatus for treating *meniere's* disease

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|-----------------------------------|---|--|
| FILING FEE<br><br>RECEIVED<br>565 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue ) |
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